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# RESTRUCTURING THE HUMAN SERVICES DELIVERY SYSTEM

In the next several years, the District envisions beginning a major process of restructuring its human services delivery system. The reform will encompass the way the city provides public benefits (e.g., welfare, Medicaid, and food stamps), as well as the way services such as child care, early intervention, mental health, mental retardation, foster care, juvenile justice, and vocational rehabilitation are provided. Building on the changes and improvements already begun by the administration, the District will transform the status quo into a system that is:

- Focused on results;
- Guided by families themselves;
- Neighborhood-based; and
- Fully accountable.

What is envisioned is a system of “Neighborhood Places,” centers in neighborhoods where public services will be available and integrated across agency lines. The neighborhood centers will be closely linked to existing private and faith-based networks, ensuring that families benefit from the range of community partners who are already there to help. This service delivery system will be driven by a citywide commitment to achieving the 12 goals for children, youth, and families identified in the administration’s 2000-2001 Strategic Plan<sup>1</sup>:

1. Children are ready for school.
2. Children and youth succeed in school.
3. Children and youth live in healthy, stable and supportive families and environments.
4. All youth make a successful transition into adulthood.
5. Youth choose healthy behaviors.
6. Seniors are valued and live with dignity and independence in community settings they prefer.
7. People with disabilities live with dignity and independence in community settings they prefer.
8. All residents have access to quality health care.
9. Families, individuals and seniors live in healthy, safe and supportive communities.
10. All families, children, youth, individuals and seniors are engaged in and contribute to their communities’ decisions and activities.
11. All residents have opportunities for lifelong learning.
12. All families and individuals are economically self-sufficient.

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<sup>1</sup> Anthony A. Williams, Mayor. Government of the District of Columbia. *Turning Ideas Into Action: District of Columbia Strategic Plan and Budget for 2000-2001*.

The system will operate within general parameters established by the District government. Beyond those basic parameters, each neighborhood delivery system will have flexibility to respond to family and neighborhood needs in a way that makes sense within each neighborhood.

Through a phased reform process, beginning with a focus on frontline service delivery, the District will redesign its health and human service system in order to support families toward their goals of (a) self-sufficiency and economic opportunity and (b) safety, stability, good health, and well-being for all children and youth. Multiple services currently provided by the constellation of human service agencies, e.g., Temporary Assistance for Needy Families (TANF), Medicaid, food stamps, child care subsidy, identification of a “medical home,” etc., will be accessed at a single point of entry. All of these services will be linked over time in three important ways:

- Through co-location in facilities within neighborhoods that make these services more accessible;
- Through a team approach with multiple agencies, guided by common principles, providing services that families help to develop; and
- Through integrated and/or well-linked data systems that allow information to be shared (with the family’s consent) in the interest of speedier, more family-friendly help.

This new vision of the District’s human services delivery system will take time and input to develop. Work has already begun with the establishment of goals focused on building strong communities through a strong citizenry. As the system evolves, a wide variety of stakeholders, including neighborhood residents, will be involved in shaping the system.

### **The Current Problem**

The District’s human services delivery system has grown over many years. Its current complications, complexities, and, in some cases, inefficiencies are the result of accumulated policies, practices, and structures that too rarely put family and neighborhood needs in the center of human service development. Instead, the District’s human service delivery has been shaped by court intervention and receiverships.

At one time, the District boasted one of the country’s most comprehensive human service departments. Three broadly conceived commissions for health, mental health, and social services provided the bulk of assistance to District residents.

In the late 1970s, as resources became scarce and quality of services dwindled, the public’s and advocates’ criticisms of District services grew and the service system began to be redefined by judicial actions and interventions.

- The mental retardation and developmental disabilities (MRDDA) system was one of the first systems in which legal interventions changed the way services were delivered. Services were moved from an institutional setting to the community. In the case of *Evans v. Barry*, the federal court intervened in the District and mandated the placement of persons with severe to profound mental retardation in the “least restrictive” settings. In this model, the District government had responsibility for monitoring services, while private providers delivered services in quasi-institutional settings in the community.
- In 1985, the District Superior Court concluded in the *Jerry M. v. Barry* case that the city had grossly neglected its youthful offenders in the juvenile justice system. The District entered into a compliance order and 15 years later is still seeking to meet the Court’s requirements. Significant strides have been made in achieving compliance with the requirements over the past two years, and

expectations are that the Department of Human Services/Youth Services Administration (YSA) will achieve even greater results in the months to come, thus ending years of court involvement in the management of these services. In the next year, YSA, because of court mandate, must move more of its youth into community-based settings;

- In the mid-1980s, St. Elizabeth's Hospital was transferred from federal control to the District of Columbia. St. Elizabeth's became the Commission on Mental Health Services and was comprised of hospital-based mental health services for the general population and forensics services for federally committed persons. As this mental health system was transferred to District control, more services needed to be provided in community settings. Shortly after these services were put under the aegis of District governance, the Commission was placed in receivership when the case of *Dixon v. Barry* was brought on behalf of persons with mental illness who were not receiving appropriate services in community settings; and
- More recently, the District's child welfare system was placed in receivership, when in the case of *LaShawn v. Barry*, it was determined that the District failed to sufficiently protect abused and neglected children placed in its custody. The *LaShawn* order requires the development of neighborhood-based child welfare services.

By 1995, the majority of the District's human services systems were under the direct control or oversight of the judicial system, including the Commission on Mental Health Services, the Child and Family Services Agency, YSA, MRDDA, and portions of the education system and Medicaid system covering services for special needs children. As a result, services that were compartmentalized under normal circumstances were even further isolated. Agencies struggled to meet their basic missions in the context of court mandates that had the perverse (and unintended) effect of further separating the agencies from one another. It became even more difficult for agencies to build the collaborative and cross-agency relationships necessary to serve families well.

Further separation of the human services network occurred in 1995 when the DC Financial Responsibility and Management Assistance Authority made the Department of Health a separate cabinet-level agency. With this change, the only units left within the once-comprehensive Department of Human Services were the Income Maintenance Administration, MRDDA, Family Services Administration, YSA, and the Office of Early Childhood Education.

In sum, because of this history, and a general lack of resources, current human services are organized largely along traditional categorical lines. They reflect many of the systemic flaws that most states face in meeting the challenges posed by interagency and intergovernmental service delivery. The problems most commonly identified by consumers and administrators of services alike include the following:

- Crisis-oriented, reactive nature of programs at the expense of preventive, proactive initiatives;
- The "stovepipe" nature of government that ignores the interrelated causes and solutions of human problems;
- An overall lack of coordination among public and private entities whose resources are redundant or competitive rather than complementary; and
- Compartmentalization of professional talent that thwarts comprehensive problem-solving efforts.

Indeed, while significant fiscal resources are invested in health and human services in the District (approximately \$2.2 billion), they have not had a significant impact on improving the well-being of children, youth and their families. For example, one out of every four District residents receives some type of service from the network of human service agencies. A snapshot of the District's population reveals:

- 40 percent of District children living in poverty;
- 16,527 TANF households;
- 74,000 food stamp recipients among District residents;
- 65,000 uninsured individuals (the working poor);
- 1,600 mentally retarded/developmentally disabled individuals;
- 1,200 delinquent or at-risk youth;
- 3,300 children in the foster care system;
- 4,000 families “under watch” by the child welfare agency;
- 6,000 disabled residents receiving vocational rehabilitation services;
- 15,000 toddlers and children receiving subsidized day care services;
- 1,000 senior citizens who need adult protective services;
- 11,000 special needs children; and
- 9.9 percent of all children born with low birth weight.

These statistics are startling, but, even so, they do not fully reflect District residents’ needs or the demands placed on District agencies. Many residents are affected by multiple problems; for these families in particular, navigating existing services can be cumbersome. The current system’s physical inaccessibility is exacerbated by the lack of shared information systems. While the District has made major investments in building its data management infrastructures with the addition of FACES (child welfare) and JIMS (juvenile justice) to the already powerful ACEDS (Income Maintenance Administration) system and the Department of Health’s birth, death, and medical management systems, none of these systems were designed to work together. Consequently, when individuals or families apply for single or multiple services, they find themselves having to maneuver a variety of systems that are entirely meaningless to them. This unfriendly “front door” often leaves families and individuals frustrated and feeling powerless. At the same time, maintaining the complexity of these multiple entry points and requirements consumes a tremendous amount of the District’s limited resources.

### **Proposal for the District of Columbia**

Set against these formidable barriers to effective services, there is a growing sense of possibility and opportunity. Several factors are coming together to create a window of opportunity for major improvements in the District’s human services.

Key to the new situation is the credibility and trust that has recently accrued to District government. Many external stakeholders from Congress to the courts, as well as the public at large, believe that significant improvements are possible. In addition, work began this year to return both the Commission on Mental Health Services and the Child and Family Services Agency to District governance. Strides are also being made to extricate the city from court oversight in both the Jerry M. and the Evans cases. In the midst of these changes, the public health care delivery system is undergoing great change with the transition of the Public Benefits Corporation (PBC). As these changes occur, the city must determine how it will bring these systems and services together so that they work effectively for the District’s residents.

The challenge is to develop a delivery system at the frontline and neighborhood level that genuinely responds to the needs of families, individuals, the disabled and elderly, young people, and children. The District proposes to reorganize its human service delivery system to give central priority to what works for people and families. Rather than spend years rearranging boxes on an organizational chart

with little impact at the point of service delivery (i.e., where it counts for families), the city will first identify what we want to see happen on the ground. The District will define the service delivery capacity needed in neighborhoods and describe how this capacity must respond to families' needs. Then, based on that vision for frontline service delivery, we will define the organizational structures necessary to implement and support that design.

This approach guarantees that families' needs, strengths, and assets are at the heart of human service redesign. It makes sure that families can access the services they need, that they have a more uniform and simplified way to get both benefits and, more importantly, opportunities for self-sufficiency. This approach ensures that, in seeking assistance from District agencies, residents will no longer need to return repeatedly for visits to a single or multiple government office for basic determinations, and there will no longer be a need for an individual to bounce needlessly from one government office to another when placing a claim for services.

The future of the District's human services is a system that:

- **Relentlessly pursues positive results for children, youth and families.** Public and private agencies will work together to help communities achieve the 12 core goals that the Mayor and the city's neighborhoods have set together—all of which are devoted to ensuring that families are strong and that children grow up healthy, safe, successful in school, and ready to enter productive adulthood.
- **Focuses on family needs in a holistic way.** District services will build on families' own strengths and assets, and will look at families' goals as a whole in order to provide the help they need.
- **Is neighborhood-based so that all neighborhood resources can be used.** This means locating District services together in Neighborhood Places which will serve as one-stop centers that link government services to communities and support family life.
- **Holds itself accountable to a high standard of quality and effectiveness.** The city is building a process whereby the system can hold itself accountable, thereby reducing the need for external and often intrusive accountability from other branches of government. The system's accountability will be to itself, the Mayor, the City Council, and, most importantly, the consumers of service and the public at large.

This approach makes sense for families and it makes sense for government. It will use public funds much more efficiently. This approach blends resources across governmental agencies, rethinks contradictory and fragmented policies, and redesigns traditional forms of service delivery. The major components of this approach are as follows:

### *Neighborhood Places – Single Points of Entry*

At the center of this vision are Neighborhood Places, which are one-stop service centers for families. These will be inviting places where families can gain ready access to the assistance they need from public human service agencies. Staff from multiple District agencies will be co-located in these centers. More important than sheer co-location, however, is the fact that District staff will work together as a team, with a flexible approach to using many agencies' resources on behalf of a single family. The following benefits will be available at the centers:

- Access to individual program benefits, including TANF eligibility and services, Medicaid eligibility, food stamps, child care subsidy, identification of a "medical home," family services, and certain mental health, substance abuse, and child welfare services;

- Common assessment and integrated planning across agencies. The goal is to develop a unified family support plan that may focus on the economic opportunities available to families (and how they will take advantage of these), on childcare needs, on child welfare needs, or on other family issues. Whatever the primary focus for an individual family, the plan will be developed within a common framework and with access to multiple agency resources. The plan will also be developed with the family as the key partner; and
- Additional program supports and community activities, subject to neighborhood priorities. While the first phase of Neighborhood Places will focus on public agencies, private and community-based organizations should be located there as well. The blend of activities, initiatives, and programs in a Neighborhood Place will be guided by a neighborhood's own needs and preferences. Ideally, these activities will include recreational, social, family support, and cultural activities, representing residents' diverse interests.

Indeed, the Neighborhood Places will not stand alone in their support for families. The Neighborhood Places will act in full partnership with existing or new private neighborhood service networks. For example, the Neighborhood Places could be located with the health centers that will partners in the District's new community health system following the reorganization of the PBC, faith-based collaborations, or with the Healthy Families, Thriving Communities Collaboratives, which are already showing some success in pulling together neighborhood resources and providing family support services. The intent is to create a web of supports and avoid duplicating resources that already exist. This ensures that valuable contributions and investments by many agencies are not lost, but over time become part of a more unified and comprehensive support system.

*A team approach to working with families.* The Neighborhood Place approach requires a new practice model for frontline staff. Rather than having each worker operate as a lone ranger, the practice model will feature an Integrated Services Team that will coherently plan and assign responsibility for providing services. The team will work in close conjunction with each family to individualize needed services and supports. This approach is more satisfying to workers and families and is also more successful.

*Flexible dollars.* To support the work of the Integrated Services Team, each Neighborhood Place will have a small amount of discretionary funds with which to purchase needed services for children and families. This could be spent on key needs for individual families, and/or through a neighborhood "small grants" program to create incentives for the informal support system to do more for families.

*A common, responsive data system.* Effective operation of the Neighborhood Places will require a greatly improved data system, one that allows information to be used effectively in families' interests. Work on this is already underway, through the development of the Safe Passages Information System (SPIS). SPIS will integrate and rationalize data from all of the District's agencies that serve children, including the health, child welfare, juvenile justice, early intervention, child care, and public school systems. New technologies such as data warehousing allow information from current systems to be shared without the enormous investments that are required to build new, freestanding systems. The primary challenge to developing this new, integrated system will be gaining each agency's commitment and participation in its development.

*Organizational support for neighborhood-based service delivery.* The system envisioned here cannot develop without administrative, organizational, and program changes by its "owner" agencies. The District's agencies, beginning with the Department of Human Services and including the Departments of Health and Mental Health, the Child and Family Services Agency, and

the DC Public Schools, will have to reconfigure themselves in order to support the new frontline system. This is a challenge, as it involves rethinking (1) the way staff are assigned (for example, by being deployed to neighborhoods); (2) the way caseloads are calculated (for example, by assigning cases on a geographic basis); and (3) the way neighborhood residents are involved in agency decisions, etc. In addition, staff training will need to incorporate new skills (for example, the competencies necessary to work in an integrated fashion in a neighborhood setting). Without this type of “top down” support for neighborhood service delivery, the District’s vision cannot become a reality.

*Family and resident guidance for developing the neighborhood system.* Residents themselves, in partnership with agency staff, will guide development and operation of Neighborhood Places. The form of this guidance will be developed neighborhood-by-neighborhood, building on current family and resident councils, collaboratives, and governance/advisory bodies. The goal is for resident voices to be a key part in creating the new system and in continually assessing its effectiveness.

### **Lessons from Other Jurisdictions**

In moving to its Neighborhood Places strategy, the District would be among the leading cities in the nation in its commitment to neighborhood-based services. This would be consistent with the Mayor’s other commitment to making the District a city that is “for and about neighborhoods” (as with the Neighborhood Action initiative and other activities underway).

A key step in the further development of Neighborhood Places will be close observation of the lessons from other cities. Among the examples we will draw from in building the District’s human service system are:

- Louisville, Kentucky has a system of neighborhood centers, often generically referred to as neighborhood places. Louisville is creating neighborhood centers citywide and, eventually, for all of Jefferson County as well. From Louisville’s experience, the District can learn about how to deploy public agency staff to the neighborhoods and involve them in service delivery design, and can identify models of good governance for a neighborhood system, both at the center level and across all of city government.
- Several cities and towns nationally are using the “patch” neighborhood service model, adapted from British experience (the word “patch” in Britain is synonymous with neighborhood). From this approach, we can learn lessons about integrated service planning across disciplines, techniques for engaging neighborhood residents, and effective use of informal supports for families.
- Sacramento, California, in the Del Paso Heights neighborhood, has implemented a comprehensive approach to neighborhood services and economic development. A highlight of Sacramento’s approach is the role that residents play in leading the initiative. Most staff reside in the neighborhood and residents determine directions for the initiative. Del Paso Heights has also emphasized micro-enterprise development.

### **Next Steps in 2001 and 2002**

*Implement an inclusive planning process.* This will involve all the agencies, with leadership initially provided by the Office of the Deputy Mayor for Children, Youth and Families. In addition, the planning process will involve neighborhood residents through the creation of a Neighborhood Place Advisory Board, which will provide on-going direction, coordination, support, and oversight for this initiative.

*Develop pilot Neighborhood Places.* Because this approach cannot be implemented simultaneously throughout the city, it is likely that we will identify pilot neighborhoods where this approach can first be developed and refined. Learning from the pilots will guide subsequent service delivery expansion.

*Develop an accountability system for this approach.* The city will utilize a variety of quantitative and qualitative methodologies to measure customer satisfaction and the system's impact on quality of life.

### **Implementation Timeframes**

During FY2001, the city will focus on system design/development, creation of business reengineering processes, including the development of a unified intake and family assessment process, and other first stage activities. Pilot neighborhoods will be identified through mapping data on family needs and community assets. Soon thereafter, the District will pilot this approach in strategic community locations, learn from them, and use them as the basis for additional system refinements.

In the initial phase, the public agencies can accomplish their goals without new or amended legislation. However, legislation and a plan will be needed for the ultimate reorganization of the system. Currently, only seed funding has been earmarked for this initiative.

The District estimates that costs for development and implementation of the Neighborhood Place service model are approximately \$5 million beginning in 2002. This would include implementation of reengineered business processes associated with service restructuring and the development of computer technology to operate the information and centralized intake system. This funding would be allocated among all critical departments in the Children, Youth and Families cluster (e.g., Child and Family Services Agency, Department of Health, Department of Mental Health, Office on Aging, etc.) involved in the reform process. The administration is currently identifying funding sources for the full implementation of the new model.

### **Conclusion**

The District of Columbia is committed to developing a rational, accessible, and effective network of human services for its residents. The new system will be characterized by location of services in the neighborhoods where families live, a team approach to working with families, involvement of residents in designing service systems and a focus on results and accountability. With the imminent return of several key human services systems; to the District's control and the administration's commitment to strengthening children, families and communities, the District of Columbia is positioned to develop a model human services system.